

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002629

**FILED**  
**Jan 28, 2021**  
**Secretary of State**  
**2793186074CC**

**Entity Name:** PROCLAIM! INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

7899 BAYMEADOWS WAY  
SUITE 500  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

PO BOX 56888  
JACKSONVILLE, FL 32241 US

**FEI Number:** 93-0799236

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOWERS, JOHN  
2911 SCOTT MILL LANE  
JACKSONVILLE, FL 32223 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOWERS, JOHN  
Address        2911 SCOTT MILL LANE  
City-State-Zip: JACKSONVILLE FL 32223

Title            BOARD MEMBER  
Name            JOHNS, SHIRLEY  
Address        4966 SOUTHWARK DR N  
City-State-Zip: JACKSONVILLE FL 32257

Title            SECRETARY OF BOARD  
Name            JENKINS, KATHIE  
Address        5433 BLUE PACIFIC DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title            BOARD MEMBER  
Name            RAGLAND, CORTEZ  
Address        101 OSPREY RIDGE WY  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            BOARD MEMBER  
Name            JENKINS, JAMES  
Address        5433 BLUE PACIFIC DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title            DIRECTOR, MISSIONARY SERVICES  
Name            BEAVER, STEVE  
Address        10398 CYPRESS LAKES DR  
City-State-Zip: JACKSONVILLE FL 32256

Title            BOARD MEMBER  
Name            ROGERS, CHARLES  
Address        328 TALWOOD TRACE  
City-State-Zip: ST. JOHNS FL 32259

Title            BOARD MEMBER  
Name            CRENSHAW, JR., MCCARTHY  
Address        PO BOX 56888  
City-State-Zip: JACKSONVILLE FL 32241

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE BEAVER

**DIRECTOR OF**  
**MISSIONARY SERVICES**

01/28/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date